

# Hamilton County Sheriff's Office

## Citizen's Academy

### *Application, Waiver and Indemnification Agreement*

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full Address/City: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Polo Shirt Size: \_\_\_\_\_ Male/Female

Emergency contact: \_\_\_\_\_  
Name Relationship Phone Number

Driver's License Number: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_Yes \_\_\_\_No If "Yes" was answered above explain charges, where, when, and disposition (attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Briefly explain why you are applying to the Citizen's Academy and what you hope to gain from attendance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For additional information contact Deputy Bryant Orem at the Hamilton County Sheriff's Office, 317-773-1872, email: [Bryant.Orem@hamiltoncounty.in.gov](mailto:Bryant.Orem@hamiltoncounty.in.gov)

Return Application to: Deputy Bryant Orem, Hamilton County Sheriff's Office, 18100 Cumberland Road, Noblesville, IN 46060.

I understand and agree that the filing of this Application in no way obligates the Hamilton County Sheriff's Office to allow my entry in to the Citizen's Academy. If, after a review and background check, I am accepted, this Agreement shall be in full force and effect.

In consideration of being permitted to participate in the Hamilton County Sheriff's Office Citizen's Academy, I and my next of kin, personal representatives, and heirs hereby release and waive Hamilton County, the Hamilton County Sheriff's Office, its officers, agents, and employees from all liability to myself, my personal representatives, heirs, and next of kin for all loss or damage in any claim or damage therefore on account of injury to the person or property or resulting in the death of myself, no matter that the cause, and will not sue as a participant of the Citizen's Academy program. I understand that participating in the Academy will expose me to certain risks and I hereby assume all risks associated with my attendance and participation in the Academy. These risks include, but may not be limited to, physical harm resulting from contact with other participants or police officers in various physical activities. I further state that I understand that participation in all activities is totally voluntary on my part and if I choose to participate in any or all activities that I am doing so at my own risk.

I agree to indemnify Hamilton County and the Hamilton County Sheriff's Office and its employees from any loss, liability, damage, or cost I may incur due to my participation in the Citizen's Academy whether caused by the negligence of the Hamilton County Sheriff's Office, its officers, agents, or employees. I hereby assume full responsibility for and risk of bodily injury, death, or property damage, or otherwise while in the Citizen's Academy program. I agree that this Liability Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the State of Indiana.

I further release all employees, representatives, or agents of the Hamilton County Sheriff's Office from any claim whatsoever on account of first aid, treatment, or service rendered me during participation as a result of the Citizen's Academy program.

I certify that I am at least 18 years of age and agree to allow the Hamilton County Sheriff's Office to conduct a background check prior to being accepted to participate in the Citizen's Academy. Upon acceptance to the Citizen's Academy, I agree to abide by all rules, policies, and directions set forth by the Hamilton County Sheriff and his designees in the program.

I have read this agreement before signing it, understood its conditions and consequences, and agree to its terms.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_

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Received: \_\_\_\_\_

Sheriff's Office: Approved/Disapproved by \_\_\_\_\_ Date: \_\_\_\_\_

Contacted on: \_\_\_\_\_ by \_\_\_\_\_